

# ePREP for Outpatient Providers

Brenda Logan (AHS)  
Charles Choh (AHS)

# Welcome to ePREP! ---

**ePREP** stands for **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal.

Here are some of the Benefits of using ePREP:

- Applications can be filled out electronically instead of by paper
  - Easier/Quicker to fill out
  - Only the necessary fields for the type of application are generated
  - Shorter processing times
- Access to your Maryland Medicaid information (now called an Account in ePREP)
  - You can see the status of your account (Active, Suspended or Inactive)
  - You can see your affiliations
  - You can see all of your demographic information

# Overview

---

This Webinar will cover the following:

- Helpful Resources
- User Profiles
- Business Profiles
- Application Types
- How to add an addendum
- Where to find an addendum
- Disclosures
- Changes of Ownership
- Signing an Application
- Checking the Status of an Application

# Helpful Resources

---

- There are two main resources you can use to learn all about ePREP and how to use it:
- Maryland Medicaid's ePREP Website
- Maryland Medicaid has created a website with documents, checklists and webinars that will help you with ePREP

[health.maryland.gov/providerinfo](https://health.maryland.gov/providerinfo)

# Helpful Resources Cont. ---



- **Resources within ePREP**
- **Lucy** – Your enrollment buddy and guide appears on most pages to give you helpful information.
- **Lucy Hover Help** – When you click on or hover over a action item (textbox, drop down, Radio button), Lucy will pop up again with more information on what and how to enter information
- **In Context Tutorials** – If you see a filmstrip icon you can click on it to view a short 3 to 5 minute video explaining what needs to be done .



If you are an authorized signer, use your legal first name



# ePREP Terminology – Profiles, Roles, and Accounts —

- **User Profile:** Your individual username, used to log in to ePREP.
- **Business Profile:** A centralized environment that houses your enrolled Medicaid entity accounts and applications. A user may have access to one or more business profiles.
- **Account:** ePREP record for an enrolled provider, associated with a single NPI, provider type, practice location, and entity Medicaid (MA) number.
- **Linking:** Connecting your Business Profile to an existing account so that you can view and manage it.

# ePREP Application Types ---

## Application Types

- **Supplemental:** A change in a provider's account information or required documenting, such as correspondence address or an updated professional license.
- **Change of Ownership (CHOW):** Application to add a new Tax Identification Number (TIN) or Employment Identification Number (EIN) to Business Information form.
- **Outpatient New Facility:** Application to enroll an Outpatient new facility to Maryland Medicaid.
- **Disenrollment:** An application to stop being part of Maryland Medicaid. Started from the Accounts screen when viewing active accounts. An example of when to create a disenrollment application, will be if a facility intends to stop being part of Maryland Medicaid, or shutdown.

# ePREP Application Types Cont.

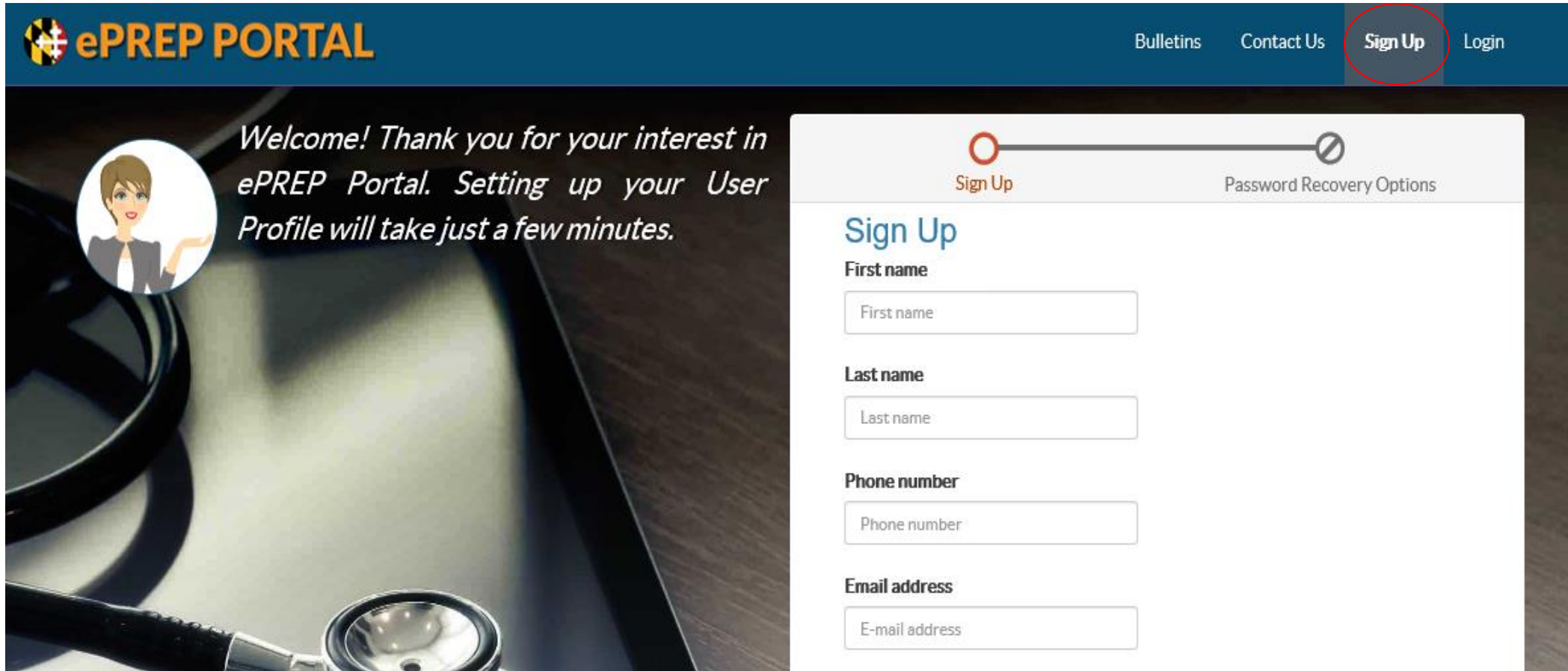
---

## **Revalidation**

- Application to renew your Medicaid enrollment every 5 years
- Scheduled automatically in ePREP when they are due. You may only submit a reval when you receive a notification that it is time to do so.
- You will receive a printed reval notification in the mail for your initial notification. After your ePREP account is set up, you will receive electronic reval notifications.



# First things first: Let's start by Signing Up



**ePREP PORTAL**

Bulletins Contact Us **Sign Up** Login

*Welcome! Thank you for your interest in ePREP Portal. Setting up your User Profile will take just a few minutes.*

**Sign Up** Password Recovery Options

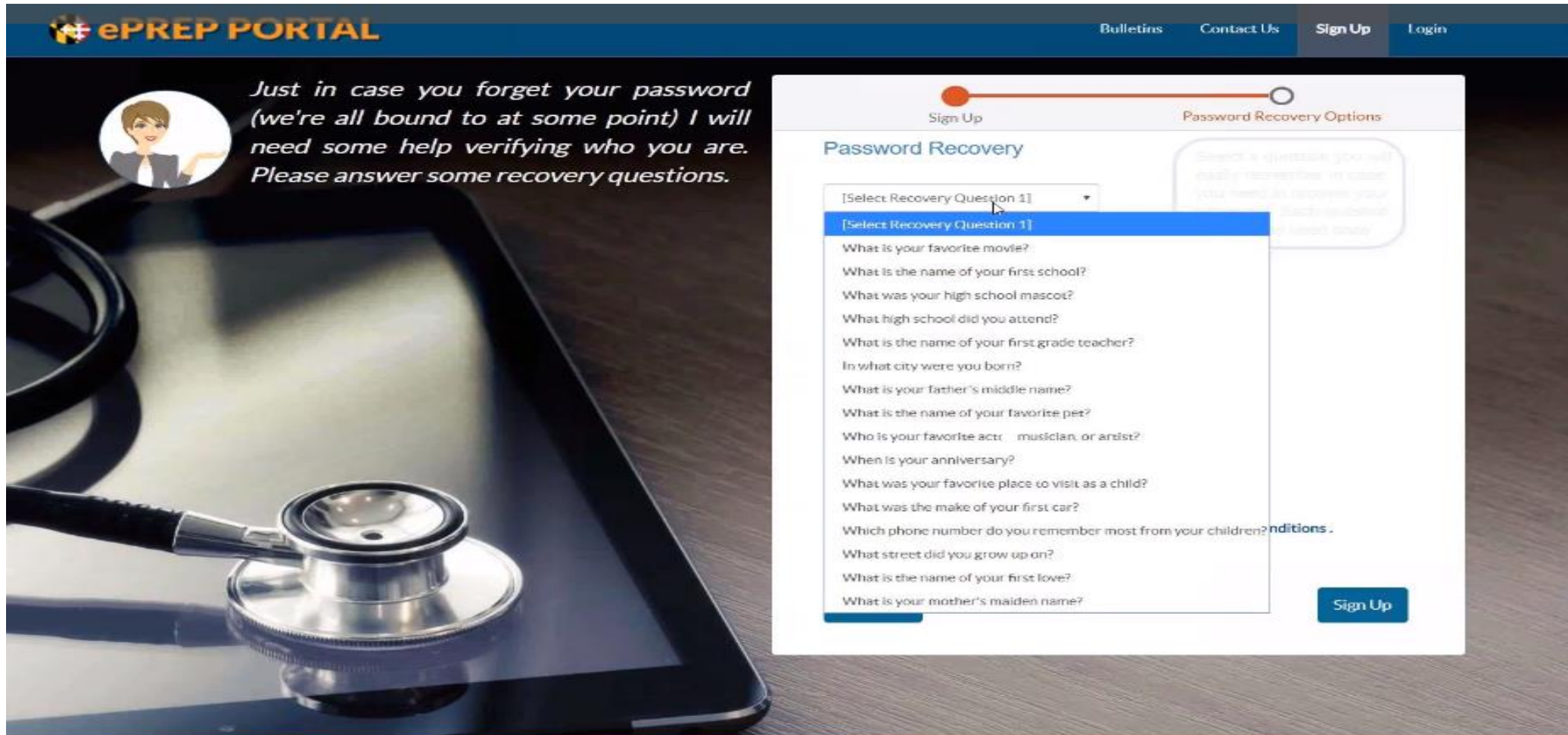
**First name**

**Last name**

**Phone number**

**Email address**

# Password Recovery



The image shows a screenshot of the ePREP PORTAL website. The background features a stethoscope on a tablet. On the left, a circular icon of a woman is next to the text: "Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions." The main content area is titled "Password Recovery" and includes a progress bar with "Sign Up" and "Password Recovery Options" markers. A dropdown menu for "[Select Recovery Question 1]" is open, showing a list of 15 questions. A "Sign Up" button is located at the bottom right of the form.

**ePREP PORTAL**    Bulletins    Contact Us    Sign Up    Login

Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions.

**Password Recovery**

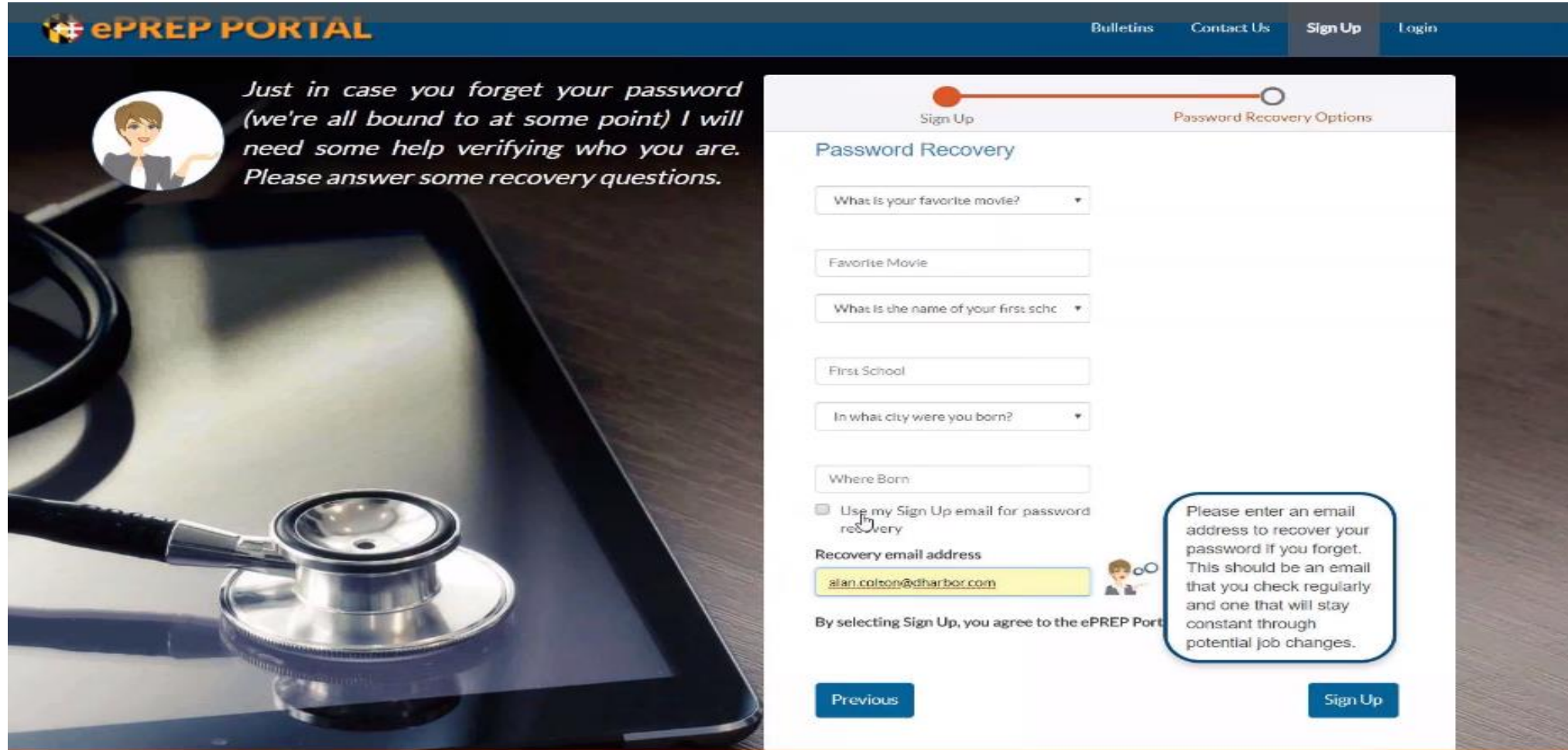
Sign Up    Password Recovery Options

[Select Recovery Question 1]

- [Select Recovery Question 1]
- What is your favorite movie?
- What is the name of your first school?
- What was your high school mascot?
- What high school did you attend?
- What is the name of your first grade teacher?
- In what city were you born?
- What is your father's middle name?
- What is the name of your favorite pet?
- Who is your favorite actor, musician, or artist?
- When is your anniversary?
- What was your favorite place to visit as a child?
- What was the make of your first car?
- Which phone number do you remember most from your children?
- What street did you grow up on?
- What is the name of your first love?
- What is your mother's maiden name?

Sign Up

# Password Recovery Cont.



The image shows a screenshot of the ePREP PORTAL Password Recovery form. The form is titled "Password Recovery" and is part of a "Sign Up" process. It includes a progress bar at the top with "Sign Up" and "Password Recovery Options" sections. The form contains several input fields for recovery questions: "What is your favorite movie?", "Favorite Movie", "What is the name of your first school?", "First School", "In what city were you born?", and "Where Born". There is a checkbox for "Use my Sign Up email for password recovery" which is checked. Below this is a field for "Recovery email address" with the email "alan.colton@stharbor.com" entered. A note on the right side of the form states: "Please enter an email address to recover your password if you forget. This should be an email that you check regularly and one that will stay constant through potential job changes." At the bottom, there are "Previous" and "Sign Up" buttons. The background of the form features a stethoscope on a tablet and a cartoon character.

**ePREP PORTAL**

Bulletins Contact Us Sign Up Login

Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions.

Sign Up Password Recovery Options

**Password Recovery**

What is your favorite movie?

Favorite Movie

What is the name of your first school?

First School

In what city were you born?

Where Born

☒ Use my Sign Up email for password recovery

Recovery email address

alan.colton@stharbor.com

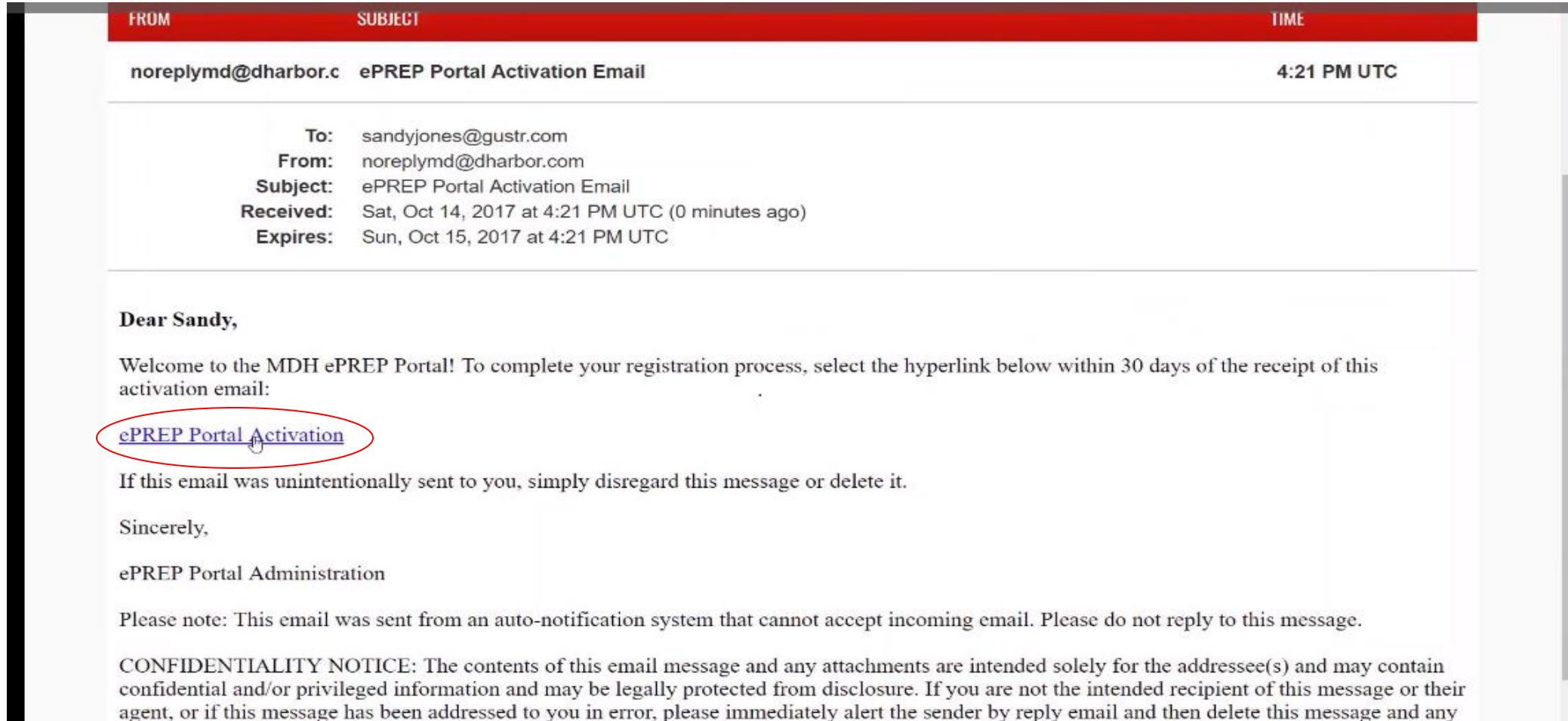
By selecting Sign Up, you agree to the ePREP Portal Terms of Use

Please enter an email address to recover your password if you forget. This should be an email that you check regularly and one that will stay constant through potential job changes.

Previous Sign Up

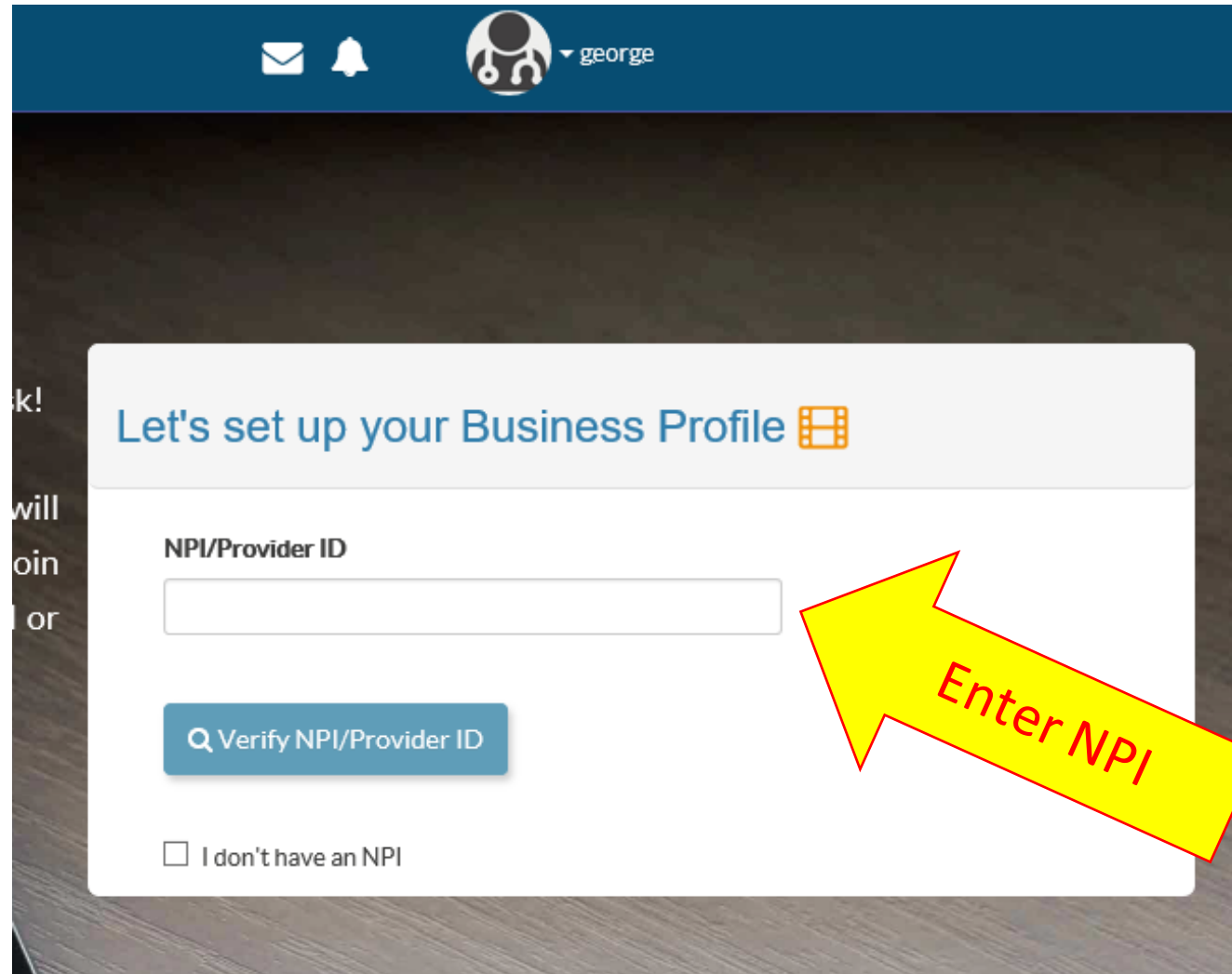


# Email Activation



# You will start by setting up your Business Profile and entering a corresponding NPI

---



The screenshot shows a web interface for setting up a Business Profile. At the top, there is a dark blue header with icons for email, notifications, and a user profile labeled 'george'. Below the header, a light gray box contains the text 'Let's set up your Business Profile' followed by a filmstrip icon. Underneath, there is a label 'NPI/Provider ID' above a text input field. Below the input field is a blue button with a magnifying glass icon and the text 'Verify NPI/Provider ID'. At the bottom of the form, there is a checkbox labeled 'I don't have an NPI'. A large yellow arrow with a red outline points from the right towards the input field, with the text 'Enter NPI' written inside it.

Let's set up your Business Profile 🎬

NPI/Provider ID

🔍 Verify NPI/Provider ID

☐ I don't have an NPI

Enter NPI

# Verify NPI to Link Account to Business Profile

Congratulations, eprep. On to the next task!

Now that you have a User Profile, you will need to set up a new Business Profile or join an existing one. Start by entering your NPI or Provider ID.



Let's set up your Business Profile 

NPI/Provider ID



1619274545

 Verify NPI/Provider ID

Existing Business Name

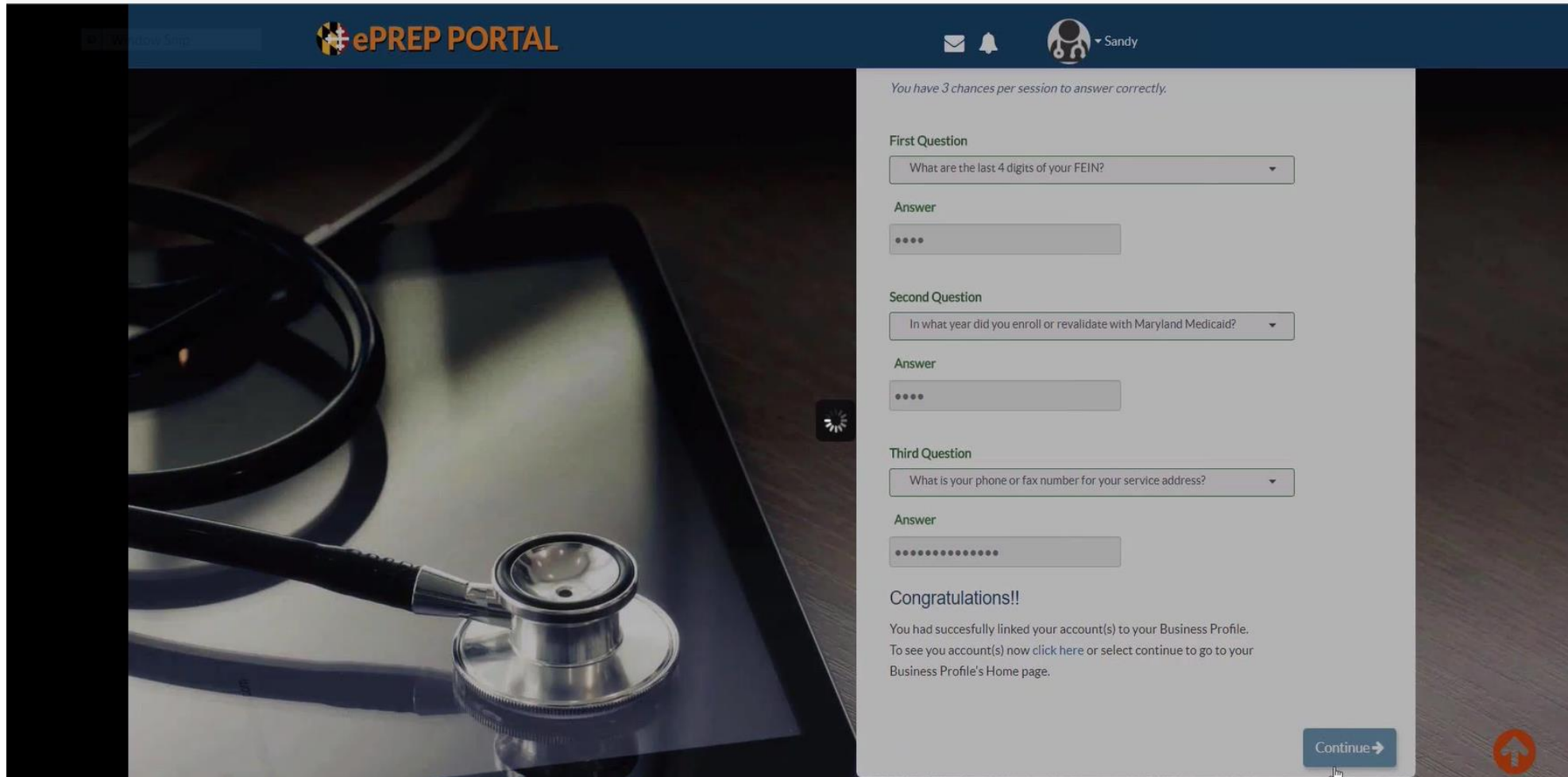
CATON MANOR

✕ Cancel

+ Create Business Profile

# Links to BP cont.

---



The image shows a screenshot of the ePREP PORTAL interface. On the left, there is a background image of a stethoscope resting on a tablet. The portal header is dark blue with the 'ePREP PORTAL' logo on the left and user information 'Sandy' on the right. The main content area is light gray and contains a three-question verification form. The questions are: 'What are the last 4 digits of your FEIN?', 'In what year did you enroll or revalidate with Maryland Medicaid?', and 'What is your phone or fax number for your service address?'. Each question has a corresponding answer field with masked characters. Below the questions, a 'Congratulations!!' message states: 'You had succesfully linked your account(s) to your Business Profile. To see you account(s) now click here or select continue to go to your Business Profile's Home page.' A 'Continue' button with a right arrow is located at the bottom right of the form area.

**ePREP PORTAL**

You have 3 chances per session to answer correctly.

**First Question**

What are the last 4 digits of your FEIN?

**Answer**

....

**Second Question**

In what year did you enroll or revalidate with Maryland Medicaid?

**Answer**

....

**Third Question**

What is your phone or fax number for your service address?

**Answer**

.....

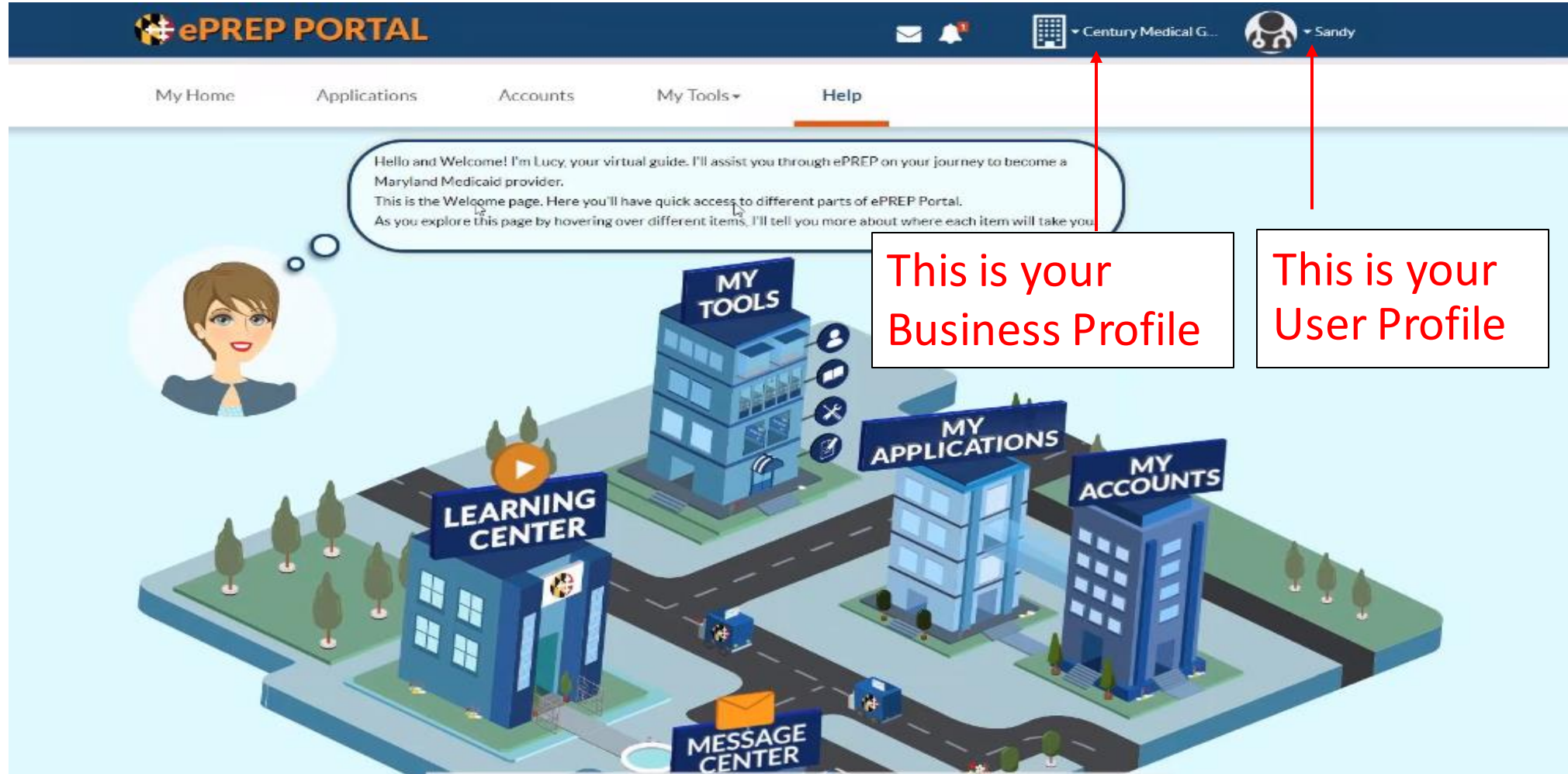
**Congratulations!!**

You had succesfully linked your account(s) to your Business Profile.  
To see you account(s) now [click here](#) or select continue to go to your Business Profile's Home page.

[Continue →](#)



# Welcome Screen






# Rendering Provider Accounts ---

- **IMPORTANT REMINDER**
- You should **NEVER** link a rendering provider's NPI to the same Business profile as the group or facility.
- Each rendering provider should have a separate email address, User Profile, and Business Profile.
- Outpatient facilities are not required to enter rendering provider affiliations to proceed with their application.

# Add Affiliation

[My Home](#) [Applications](#) [Accounts](#) [My Tools ▾](#) [Help](#)

Accounts



Hello again, Eprep! Listed below are your active Maryland Medicaid accounts.

If you have any questions about them, please [send a message](#) to a Maryland Medicaid representative.

Link Accounts

Search

Account ID	Provider ID	Status	Provider Name	Provider Type	Account Type	NPI	Begin Date	Last Updated	Service Address	Actions
800110506	420	1-Active	Urgent Care Center	Facility		161	05/01/2011	05/25/2016	AVENUE, BALTIMORE-MD, -----	<div><div></div><div></div><div></div><div></div></div>

Clicking on the Icon opens the affiliation page, where existing affiliates can be viewed, and new affiliations can be added.

# Add Affiliation Cont.

**Create Affiliation Application**

Enter the provider's NPI you would like to affiliate with:

National Provider Identification (NPI)  [+ Verify](#)

value is required

Indicates that the information is not found in the State's database. You will be able to correct this information once you complete a

MA#: 4204  
Contact Name: No data  
Account Status: 1 - Active  
Account Type: Facility

Approval Date: 04/27/2016  
Last Update Date: 05/25/2016  
Service Address: 3 VENUE, BALTIMORE-MD, 21229-4610

**Account Affiliations**

Listed are the affiliations for **CATON MANOR** at the service Location: 3 BALTIMORE-MD, 21229-4610.

You can "Add" an affiliation with a provider for this server location by selecting the button "Add Affiliation".

To remove an affiliation, please select the trash icon from the provider record you would like to disaffiliate. You will need to sign and submit a Disaffiliation form.

[Add Affiliation](#)

Account ID	Rendering Name	NPI	Provider Type	Affiliation Status	Actions
No data available in table					

Showing 5 records per page.

- Clicking the Add Affiliation Icon starts the affiliation process by generating a text box for the NPI to be added can be verified
- Once the application is generated, the rendering provider will have to sign the application from their accounts to complete the process.

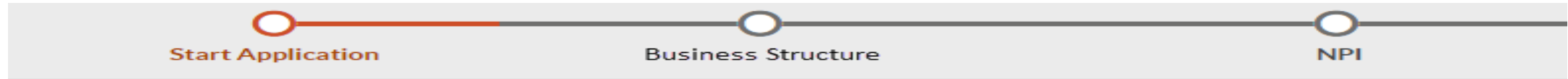
# Facilities

## Outpatient



MARYLAND  
Department of Health





# New Application Option









Nice to see you again, **[first name goes here]!**

Please answer this simple questionnaire to help me to determine the correct type of application for you. If you need help with any of these options, you can watch the **Questionnaire in-context tutorial**.

Let's get started!

- ☐  I'm enrolled in Maryland Medicaid, and I want to create an application
- ☐  I'm enrolled in Maryland Medicaid, and I want to affiliate with another provider 
- ☒  I'm new to Maryland Medicaid, and I want to create a new application

## What kind of provider are you?

- ☐  I'm an Individual health care practitioner 
- ☐  I'm a Group or FQHC health care practice 
- ☐  I'm a health care Organization, Institution, Clinic or Facility 

value is required

# Applications For New Outpatient Providers


*Outpatient facilities must select the correct application and provider type to ensure that Medicaid can reimburse for their services.*

Start Application

Business Structure

NPI

Provider Type



Great! Now select the business structure which best fits you as a health care Organization, Institution, Clinic or Facility.

I need a Maryland Medicaid account to bill for health care services and I am applying as :

- ☐ Atypical /Waiver Provider
- ☒ Facility
  - ☐ Inpatient
  - ☐ Outpatient
- ☐ Other health care organization

value is required

Once you have made your choice, select Continue.

<Previous

Continue >

# Completing the Application

Provider Name 3% Complete 0% Documents

Provider Type Urgent Care Center

Application ID 189AD069

Creation Date 09/05/2018

Package Type Facility

New Message Submit

Content Expand All

Getting Started

Getting Started

Business Information

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Getting Started

Let's take a few minutes to watch these In-Context Tutorials before you start your application as a **Urgent Care Center**. These videos will help you get oriented and make filling out your application a breeze.

If you need help while working on your application, you can always come on back here for a refresher, or just look for the icon throughout ePREP Portal.

Getting Started

Familiarize yourself with all the elements of this page, including:

- Application structure
- Social tools
- Status indicators

Keep an eye on the completion prompts to guide you. Make sure all the circles are filled in

- Filled circles indicate the section is completed.
- Half circles mean the section is not completed.
- Empty circles indicate sections not started.

# Provider Addendum

---

- About half of outpatient facility provider types must attach an Addendum to their application.
- Each Addendum is available on the Maryland Medicaid website. ePREP will direct providers to the link below to find the correct Addendum for each provider type.

[health.maryland.gov/providerinfo](https://health.maryland.gov/providerinfo)

- The provider will need to navigate to the Enrollment page. This is where the provider can then find their Provider Type (PT) and click on the “X” to retrieve that PT’s Addendum.



# Outpatient PTs that do NOT require Addendum —

## Facilities that *Do Not Require* an Addendum

- Vision Care Providers, Organization = PT 12
- Abortion Clinic = PT 30
- Freestanding Birth Center = PT 31
- Family Planning Clinic = PT 33
- Rural Health Clinic = PT 37
- Pediatric Nursing / Home Health Aide Services Agency = PT 53
- Rare and Expensive Case Management = PT 87

# Outpatient PTs that require Addendum

---

Facilities that Require an Addendum

- Urgent Care Centers = PT 08
- Drug Clinic = PT 32
- Local Health Department (LHD) = PT 35
- Freestanding Oncology Center = PT 36
- General Clinic = PT 38
- Ambulatory Surgery Centers = PT 39
- Medical Day Care, Adults = PT 42
- Substance Use Disorder (SUD) = PT 50
- 1915i Intensive Behavioral Health Services for Children, Youth & Families (Organization) = PT 89
- Local Education Agency / Local Lead Agency = PT 91
- Mental Health Care Management Provider = PT CM
- HIV Case Management = PT VC
- Supported Employment (PT SE)
- Mobile Treatment Program (PT MT)
- Partial Hospitalization Program (PT MH)
- Psychiatric Rehab Services Facility (PT PR)
- Mental Health Clinic (PT MC)

# Provider Addendum Cont.

Content

Expand All

Getting Started

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy

Additional Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Addenda/Supporting Documents

Summary

Okay, your provider type Urgent Care Center requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the Urgent Care Center provider type. Once you have completed your required attachments select the Add button to attach them to this application.

☐ N/A

Add

Addenda/Supporting Document Name	Documents	Actions
There is no addendums		

# Where To Find Addenda on MDH Website

MARYLAND  
.gov

MARYLAND  
DEPARTMENT OF HEALTH

Enter search term

HOMECHILDREN'S HEALTHPHARMACYLONG TERM CAREHEALTH CHOICE

PROGRAM INFORMATION

State Innovation Model (SIM)

About our programs

Apply for Medicaid

Applications for Long Term Care (all 9709 versions available)

Medicaid Renewals

Provider Information

CHILDREN'S HEALTH

Maryland Children's Health Program

Provider Search

Provider Enrollment

Most solo practitioners, rendering only providers and group practices may no longer submit paper applications. These providers must enroll via ePREP at [ePREP.health.maryland.gov](#). You may also click on the "ePREP" link next to your provider type to enroll.

For more information about Phase I provider types and ePREP, please visit [health.maryland.gov/ePREP](#).

To access applications for Facilities, Dental Providers and 1915(i) provider types, please click on the "X" next to the appropriate provider type.

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

A

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
AUDIOLOGY PROVIDER	19	ePREP	ePREP	X
AMBULATORY SURGERY CENTER	39			X
ADAA CERTIFIED ADDICTIONS OUTPATIENT PROGRAM	50			X
ACUPUNCTURE	AC	ePREP	ePREP	
AMBULANCE COMPANY	T4			X

T

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
THERAPY GROUP PROVIDER - EPSDT (PT. OT. SPEECH)	28		ePREP	

U

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
URGENT CARE CENTER	8			X

V

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
VISION CARE PROVIDER	12	ePREP	ePREP	X

 MARYLAND  
Department of Health

# Next attach your Addendum

Content

Expand All

Getting Started

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy

Additional Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Addenda/Supporting Documents

Summary

Okay, your provider type Urgent Care Center requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the Urgent Care Center provider type. Once you have completed your required attachments select the Add button to attach them to this application.

☐ N/A

Add

Addenda/Supporting Document Name	Documents	Actions
There is no addendums		






# Uploaded file will be indicated by number next to the paper clip




Okay, your provider type Urgent Care Center requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the Urgent Care Center provider type. Once you have completed your required attachments select the Add button to attach them to this application.

 Add

Addenda/Supporting Document Name	Documents	Actions
Addendum	<div> Attached: Frank</div>	   

 Previous

Continue 

# Disclosure of Ownership

---

- **MOCA = Managing employees, Owners and Controlling interest Agents.**
  - These will always be updated in the Disclosure Information section of an ePREP application.
  - MOCA information can be updated without a need to complete a CHOW application

# Disclosure of Ownership Cont.

- Add new MOCAs to Disclosure Information form and this determines who can sign the application.

Business Information

Practice Information

Disclosure Information

Adverse Actions

Fines and Debts (Gov.)

Subcontractors


Ownership/Control Interest

Significant Transactions

Delegated Officials

Rendering Provider Affiliations

Signature



In this section, a complete disclosure of ownership and financial interest is required. Please add at least one owner or those parties who have control interest in your Group. Keep in mind that you can share any record with another user, making it easy to complete your application.

Are there any Individuals or Entities (Corporations, unincorporated associations, partnerships, or similar entities) who have 5% or more (direct or indirect) Ownership or control interest, or any partnership interest in **URGENT CARE,LLC**?

All entity owners' **board members, officers of a corporation, and directors** must be disclosed in this section. Indirect entity owners do not need to disclose board members, officers of a corporation or directors if those individuals' only relation to applicant is via the indirect owner.

Additionally all **board members, officers of a corporation, directors, agents, and managing employees** of **URGENT CARE,LLC** must be reported in this section as well.

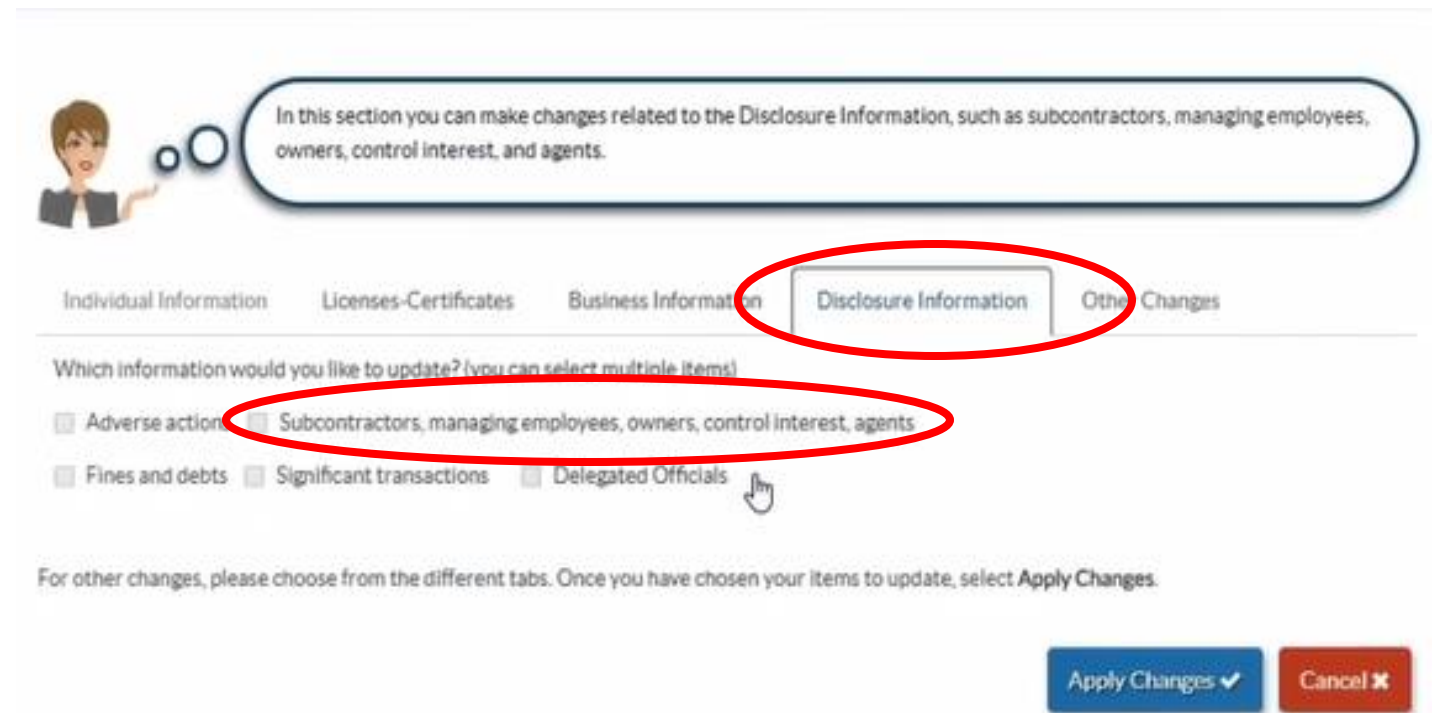
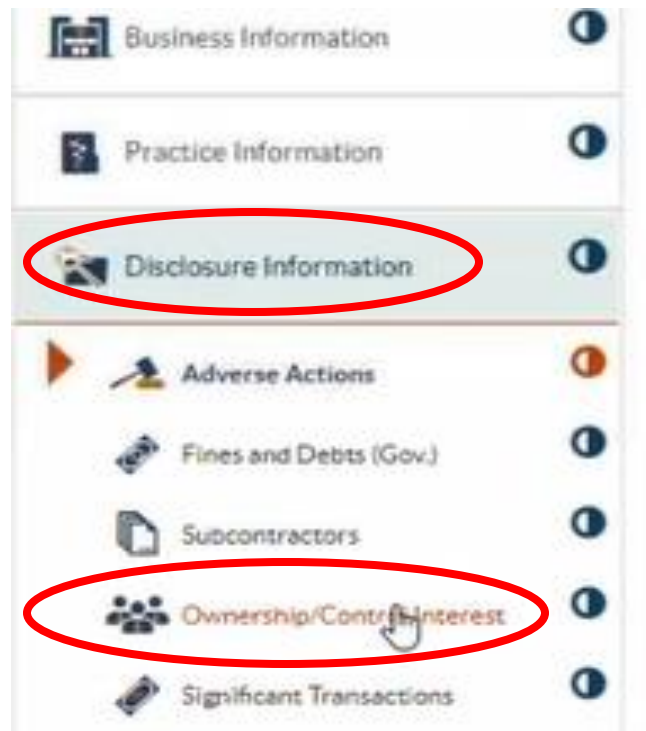
+ Add

Type	Name	Ownership/Control Interest	Status	Actions
No Ownership Control Interest listed.				



# Disclosure of Ownership Cont.

- MOCA can be updated with a Supplemental application by making changes to your account under the Disclosure Information section.



# Change of Ownership

---

**CHOW = Change of Ownership.**

- Only done if the Tax ID changes.
- The MOCA information will also need to be updated with any CHOW.

# Change of Ownership Cont.

- Here is what to select when completing a CHOW:
  - From Accounts screen, choose “Update” account. Under “Other Changes”, provider should select “Change of Ownership”.

The screenshot shows the 'Update Your Account' modal window. The 'Other Changes' tab is selected, and 'Change of ownership' is chosen. A red box highlights the 'Update' button on the Accounts screen. Red arrows with numbers 1 through 4 indicate the sequence of actions to complete a Change of Ownership (CHOW).

1. Click 'Update' on the Accounts screen.

2. Click 'Other Changes' tab.

3. Click 'Change of ownership'.

4. Click 'Apply Changes'.

Account ID: 100009993

Account ID: 100009944

1 - Active

AGAPE NURSING & REHABILITATION CENTER, LLC

Nursing Facility

Facility

1790099861

04/23/2018

04/25/2018

ANGELES - CA, 90064-4707

105 W MYRTLE AVE, JOHNSON CITY - TN, 37604-5633

# Change of Ownership Cont.

- For Maryland Medicaid CHOWs, the provider should:
  - Add new Tax Identification Number (TIN) or Employment Identification Number (EIN) to Business Information form.

The main difference with CHOW Applications is that they will have a NEW TAX ID

Business Profile TIN/SDAT & Business License Summary

I need some additional information about your business. Don't forget to attach a clear copy of your documentation.

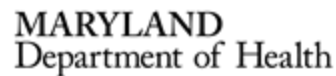
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)  value is required

State Department of Assessment and Taxation (SDAT) number ☐ N/A  value is required

Document Required: TIN/EIN document is required

← Previous Continue →

Submit Application



# Applications

Messages

Notifications



My Home

Applications

Accounts

My Tools ▾

Help

My Applications



Here are your in-progress or submitted applications for your Maryland Medicaid accounts. Once you have completed the enrollment process, you will be able to modify your accounts. Listed below are the provider applications you have or are currently enrolling in Maryland Medicaid.

Your list of submitted and in progress apps.

The Status of your apps.





+ New Application

- Filter by -

- Please select a filter -

Search

Additional Status Information.

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
189598J7	In Progress	MD	Physician	149	Rendering-S	27%		Office Admin	     
189AD069	In Progress	CARE,LLC	URGENT	171	Facility	44%	09/05/2018	Office Admin	     

# Questions & Contacts

---

- ePREP Portal: [eprep.health.maryland.gov](https://eprep.health.maryland.gov)
- Resources and frequently asked questions: [health.maryland.gov/eprep](https://health.maryland.gov/eprep)
- ePREP Call Center:

1-844-4MD-PROV (1-844-463-7768)

Monday – Friday 7AM- 7PM

\*\*\*Closed on State holidays\*\*\*